

## TAXICAB COMPLAINT FORM

### PERSON MAKING COMPLAINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### FILING COMPLAINT AGAINST (Provide as much information as possible)

Company Name: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Vehicle ID #: \_\_\_\_\_  
Taxi, Limousine, etc. Taxi #, License Plate #, etc.

Description of Vehicle: \_\_\_\_\_  
Make, model, year, color, etc.

### WITNESS (may be same person who is filing complaint)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### DETAILS OF COMPLAINT (Attach additional sheets if necessary)

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Description of incident: \_\_\_\_\_

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The preceding information is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Paula Miller, City Secretary, City of Killeen, PO Box 1329, Killeen, TX 76540